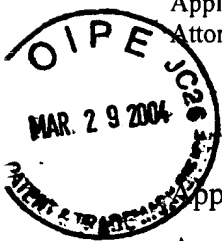


PATENT
Appl. No. 09/410,504
Attorney Docket No. 450110-02215

H111B ~~105~~
4-2-04
JC



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : WILKINSON, James H.
Appl. No. : 09/410,504
Filed : October 1, 1999
Title : Digital Signal Processing and Signal Format
Art Unit : 2613
Examiner : CZEKAJ, David J.

RECEIVED

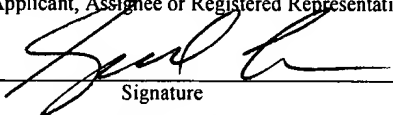
MAR 31 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)


Signature

March 24, 2004
Date of Signature

AMENDMENT UNDER RULE 116

Mail Stop: AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of January 29, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 10.



AF/2700

PATENT
450110-02215

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : James H. WILKINSON et al.
Serial No. : 09/410,504
For : **DIGITAL SIGNAL PROCESSING AND SIGNAL FORMAT**
Filed : October 1, 1999
Examiner : CZEKAJ, David J.
Art Unit : 2613

RECEIVED

MAR 31 2004

Technology Center 2600

MAIL STOP AF
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

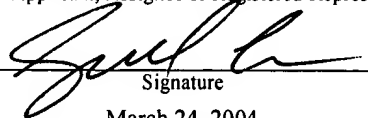
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	41	Minus	42 =	0 ×	\$18(9)	= \$0
Independent claims	3	Minus	4 =	0 ×	\$86(43)	= \$0
			Total additional fee for this amendment			= \$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

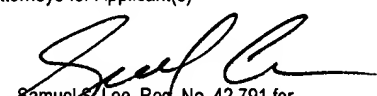
- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ _____ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)


Signature
March 24, 2004
Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)


Samuel S. Lee, Reg. No. 42,791 for
By: William S. Frommer
Reg. No. 25,506
Tel. (212) 588-0800